PT0/SB/17 (10-07)
Approved for use through 08/30/2010, OMB 06/51-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMR control or when

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known				
				Application Number 1		10/664,355-Conf. #8070		
				Filing Date S		September 17, 2003		
For FY 2008				First Named Inv	irst Named Inventor Masumi SU		TSUGU	
FUI FT 2008				Examiner Name C		C. H. Kelly		
Applicant ciaims small entity status. See 37 CFR 1.27				7 UT CHIK		1752		
TOTAL AMOUNT OF PAYMENT (\$) 2,350.00				Attorney Docket No. 2185-0698P				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application T	ype Fee (\$		Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Pald (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CL	AIM FEES							Small Entity
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (including Reissues) 210								105
Multiple depen				370	185			
<u>Yotal Claims</u> Extra Claims Fee (\$) Fee i				Paid (\$) Multiple Dependent Claims				
8 -20 = 0 x =					Fee	(\$)	Fee Paid (\$)
HP = highest number of total claims peld for, if greater than 20.								
Indep. Claims								
1 -3 = 0 x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Fees Paid (S)								
Non-English Specification. \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37								0.00
1,540.00 1,540.00								
SUBMITTED BY		/						
Signature	//nell!		1	Registration No. (Attorney/Agent)	32,868	Telephone	(703) 20	5-8000
Name (Print/Type)	Andrew D. Meikle					Date	October 2	9, 2007